



Office of Charitable Gaming
P.O. Box 98502, Baton Rouge, LA 70884
(225) 925-1835 or (800) 562-9235 FAX (225) 925-7069

FISCAL YEAR: 7/1/____ - 6/30/____

Company's Officials Information Sheet

State License Number _____

☐ Original Application

☐ Renewal

☐ Modify Application

Please use the following codes for "Position Held":

(P) President or Head of Organization

(VP) Vice President

(S) Secretary

(LA) Louisiana Agent(s)

(T) Treasurer

(D) Director(s)

ATTACH ADDITIONAL SHEETS AS NEEDED

Please type or print all information.

Last Name, First Name, Middle Initial		Social Security Number	Date of Birth
Complete Home Address (Street, City, State, Zip Code)			Position Held
I declare that I have read, understand, and agree to comply with the statutes which govern charitable gaming in the State of Louisiana contained within LA R.S. 4:701 et seq. as well as the corresponding regulations contained within LAC 42:1.1701 et seq.			
<input type="checkbox"/>	Yes Have you ever been convicted, pled guilty, pled nolo contendere or failed to answer to charges of any criminal violation of any federal, state, county/parish, or local law or ordinance other than misdemeanor traffic violations? If yes, provide an attached explanation.		
<input type="checkbox"/>	No		
Signature		Daytime Phone Number	Date

Last Name, First Name, Middle Initial		Social Security Number	Date of Birth
Complete Home Address (Street, City, State, Zip Code)			Position Held
I declare that I have read, understand, and agree to comply with the statutes which govern charitable gaming in the State of Louisiana contained within LA R.S. 4:701 et seq. as well as the corresponding regulations contained within LAC 42:1.1701 et seq.			
<input type="checkbox"/>	Yes Have you ever been convicted, pled guilty, pled nolo contendere or failed to answer to charges of any criminal violation of any federal, state, county/parish, or local law or ordinance other than misdemeanor traffic violations? If yes, provide an attached explanation.		
<input type="checkbox"/>	No		
Signature		Daytime Phone Number	Date

Last Name, First Name, Middle Initial		Social Security Number	Date of Birth
Complete Home Address (Street, City, State, Zip Code)			Position Held
I declare that I have read, understand, and agree to comply with the statutes which govern charitable gaming in the State of Louisiana contained within LA R.S. 4:701 et seq. as well as the corresponding regulations contained within LAC 42:1.1701 et seq.			
<input type="checkbox"/>	Yes Have you ever been convicted, pled guilty, pled nolo contendere or failed to answer to charges of any criminal violation of any federal, state, county/parish, or local law or ordinance other than misdemeanor traffic violations? If yes, provide an attached explanation.		
<input type="checkbox"/>	No		
Signature		Daytime Phone Number	Date

OCG211 (04_03)

NOTE: Any changes in officers, directors, or gaming management must be filed with the Office of Charitable Gaming within 10 days of the change and requires signature of a current official listed with the Office.